

Emergency Home Repair Program Input Sessions Results

January 2008



**Department of Housing and
Community Development**

Purpose

The purpose of the input session process was:

- To gather information from the state-funded *Emergency Home Repair (EHR) Program* grantees on their programs, and
- To gather feedback on recent and proposed programmatic changes to the overall state-administered EHR program

Participants

Input session participants were EHR grantees receiving 2007-08 allocations through the Department of Housing and Community Development (DHCD).

Twenty-one participants representing 19 of the 36 grantees (or 53 percent) attended the input session. Another six individuals provided their input through the online survey for a total of 26 participants.

Methods

Data was gathered through an in-person meeting (input session) held in Richmond on January 16, 2008, and through an on-line survey that mirrored questions asked during the session.

Participants that attended the in-person session were invited to provide additional information through the on-line survey and to forward the on-line survey and meeting presentation to other program staff that were unable to attend.

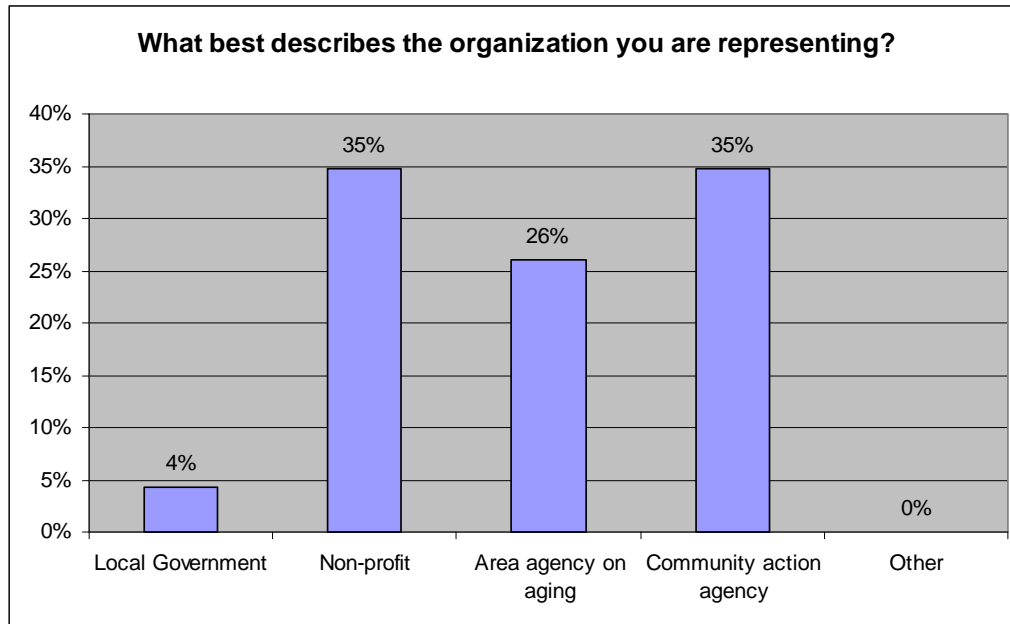
The in-person sessions utilized OptionTechnology, a real-time survey tool that allowed DHCD to collect input through specific questions during the meeting. Session participants were able to review and discuss the question results during the session. In addition, open-ended responses and other comments were recorded in writing.

Grantees had until close of business on February 1, 2008, to submit input through the online survey version.

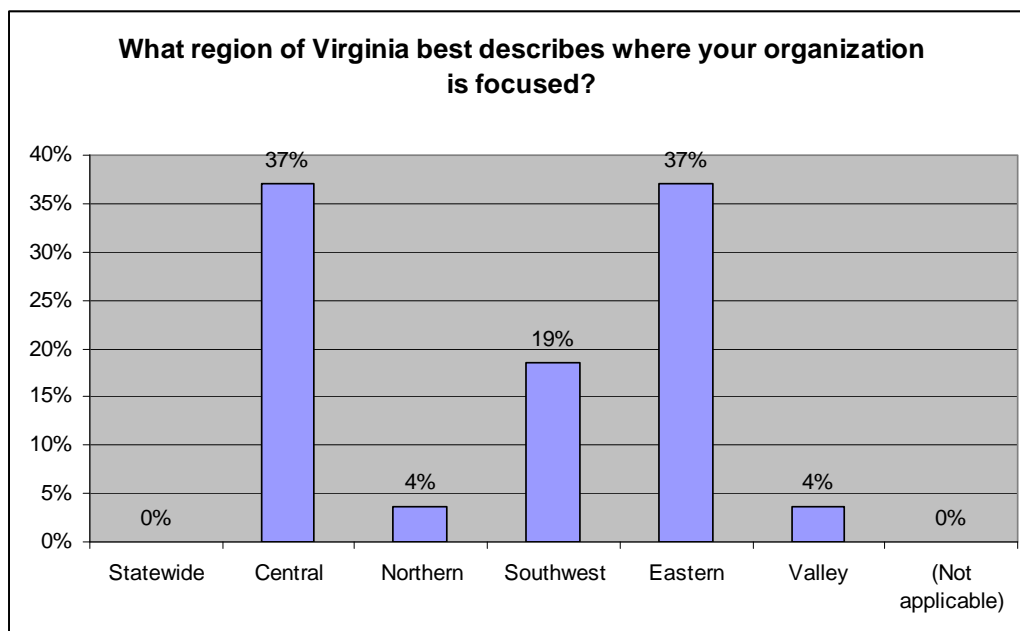
All input was analyzed. Summary results and trends are provided in this report for internal uses, as well as made available to the grantees.

Summary of Findings

Almost all participants represented non-profits, area agencies on aging, or community action agencies. Notably, more than a quarter of participants represented area agencies on aging, while only four percent represented local governments.



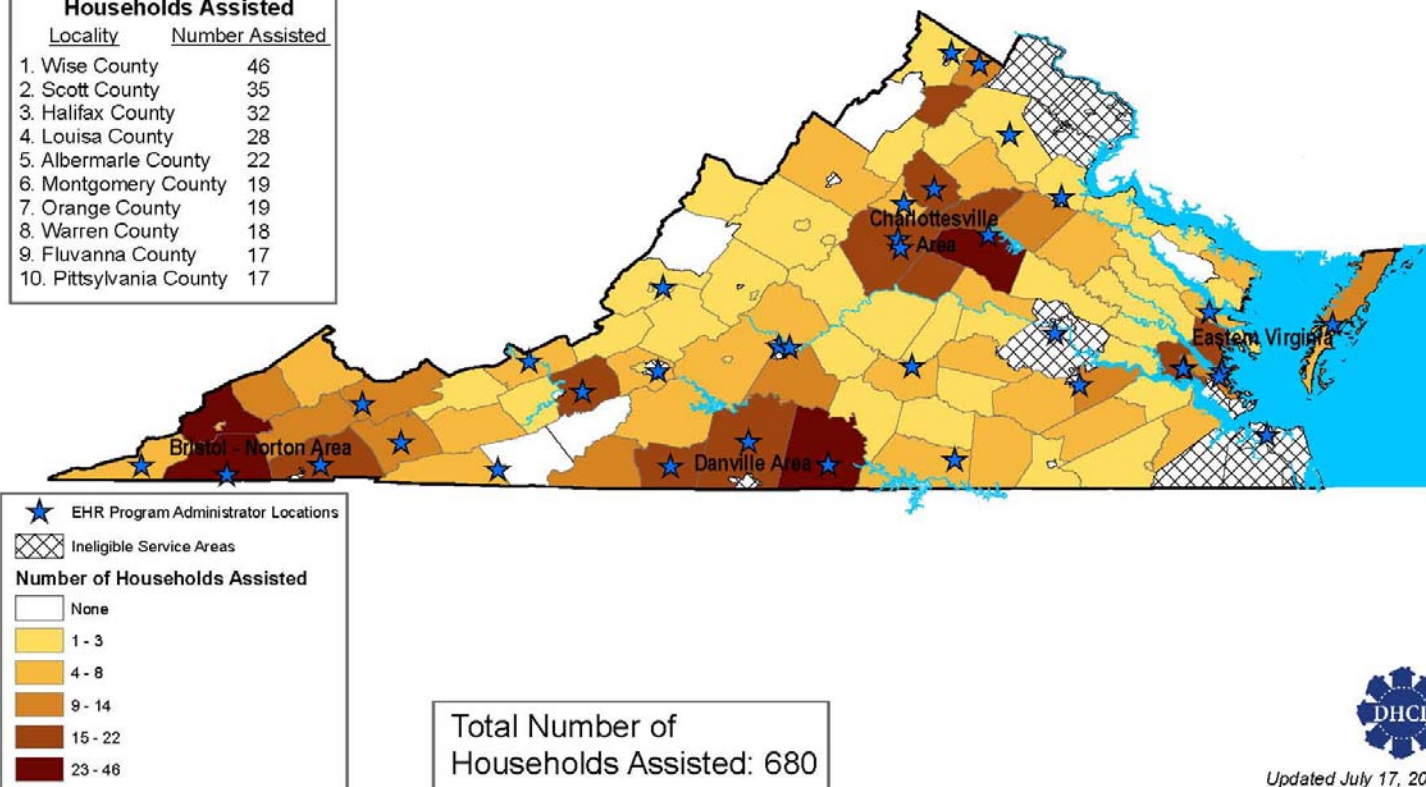
Most (74 percent) participants represented the Central and Eastern regions of the state.



Emergency Home Repair Program

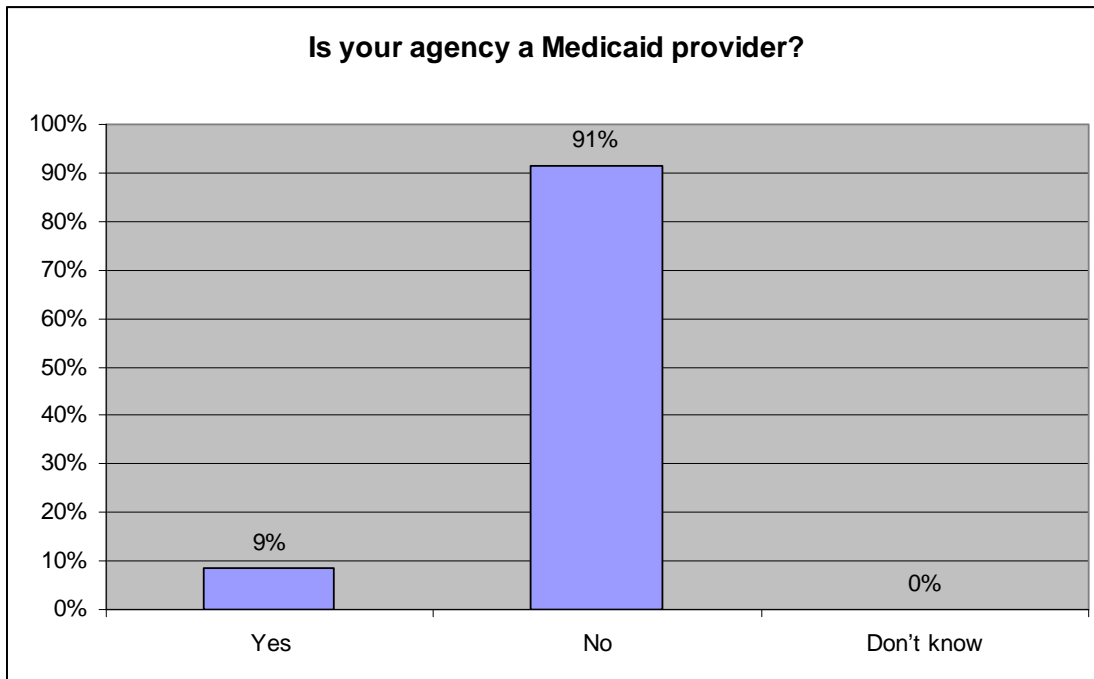
Assistance by County from July 1, 2006 to June 30, 2007

Highest Numbers of Households Assisted	
Locality	Number Assisted
1. Wise County	46
2. Scott County	35
3. Halifax County	32
4. Louisa County	28
5. Albemarle County	22
6. Montgomery County	19
7. Orange County	19
8. Warren County	18
9. Fluvanna County	17
10. Pittsylvania County	17

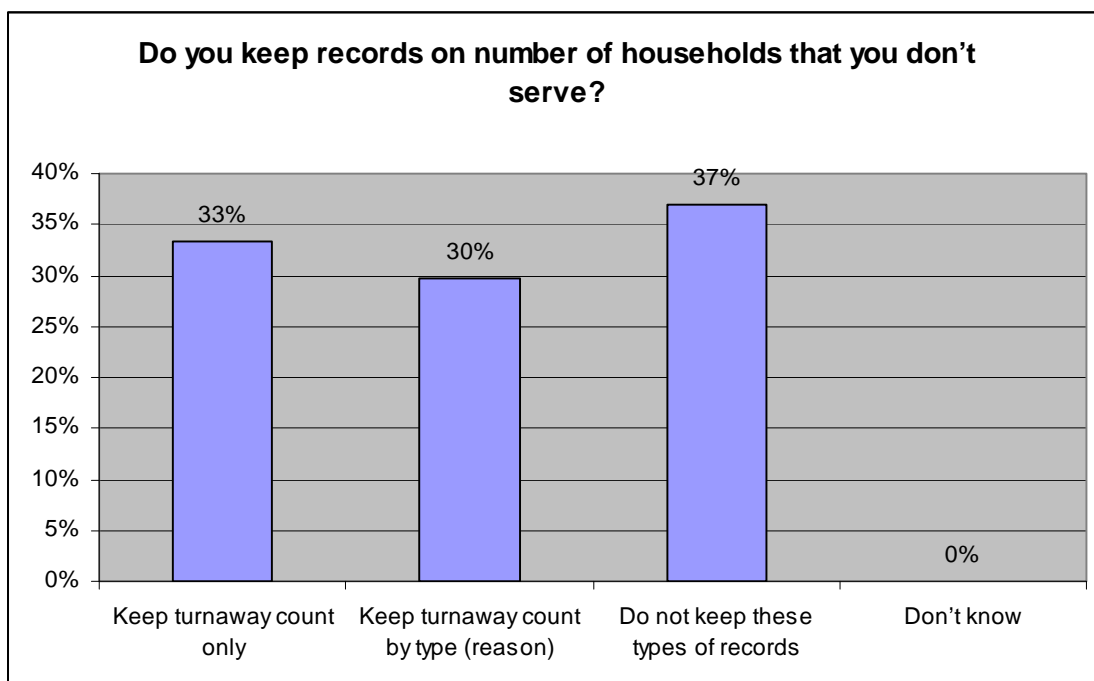


Updated July 17, 2008

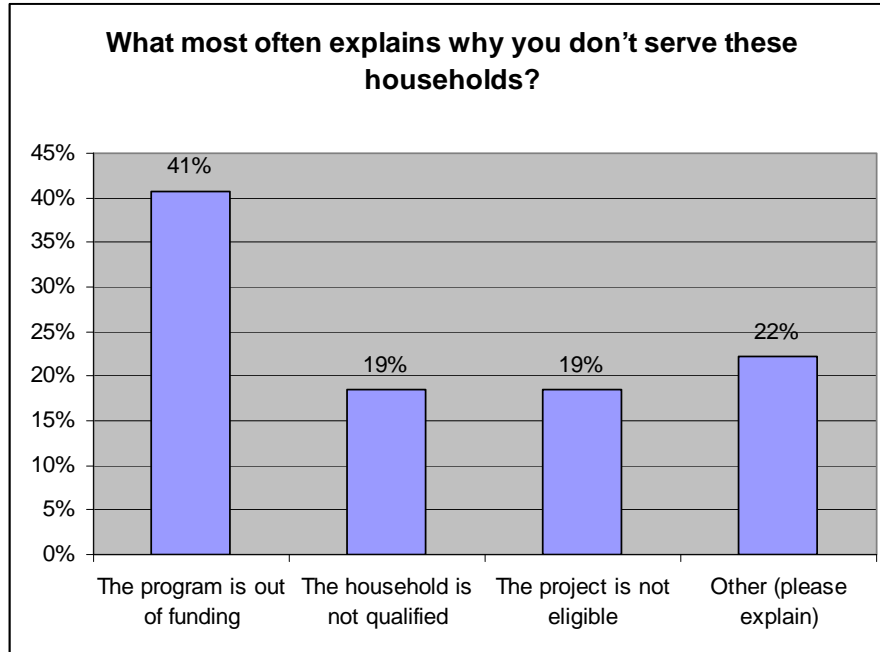
Participants overwhelmingly (91 percent) indicated that their agencies were not Medicaid providers. Note that actual input session participants may not have first-hand knowledge of larger agency's status as a Medicaid provider.



Most (63 percent) participants indicated their agency keeps turnaway count by type or by count only. However, nearly 40 percent of participants indicated their agencies did not keep these types of records.



Just over 40 percent of participants indicated that lack of funding was the most frequent reason they turned clients away. Nearly another 40 percent stated that households were most often turned away due either to not qualifying for the program or the project not being eligible. A significant amount (22 percent) of participants pointed to other reasons. One participant indicated that scope of work or the large size of project most often explains households not being served. Another participant described the inability of clients to produce matching funds as the main reason.

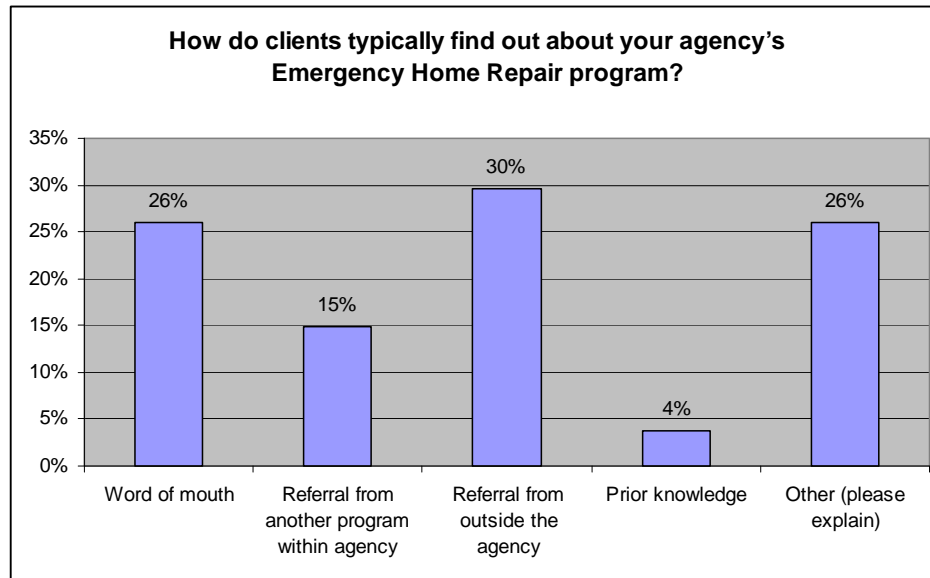


Participants were asked to describe barriers to serving eligible clients through the EHR program. Responses included rising construction costs, costs exceeding the \$5,000 per-job limit on EHR projects, costs not meeting funding criteria, and difficulties in meeting match requirements.

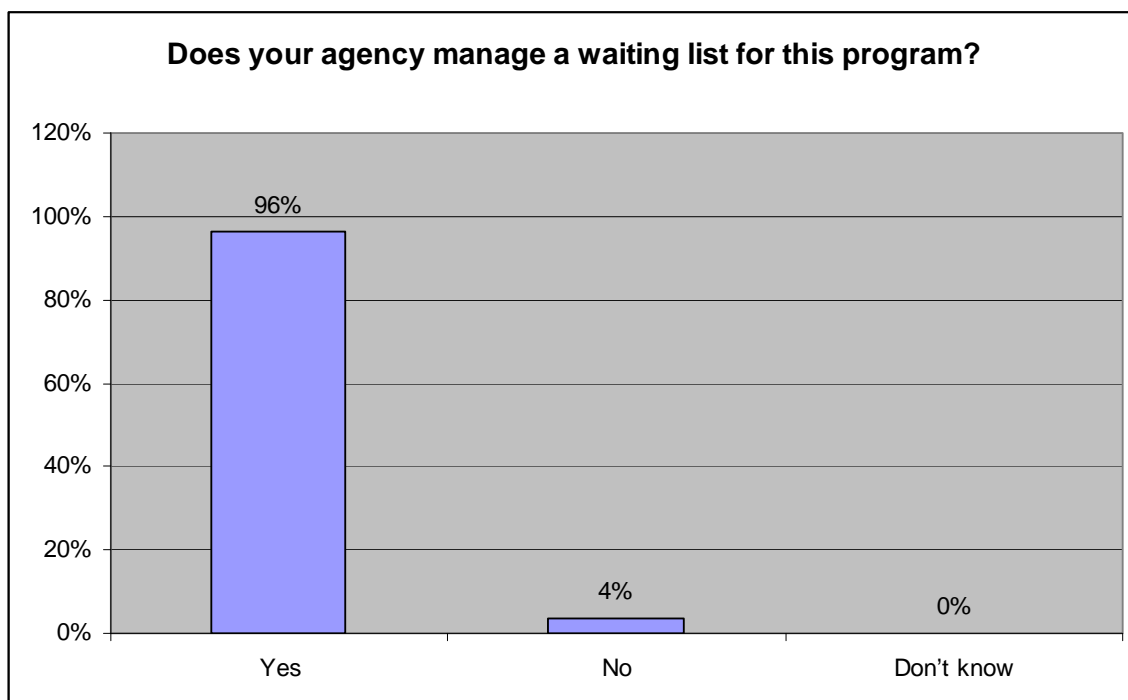
When asked to describe an eligible household, participants indicated that a household earning 50 percent area median income or below and a household with a small emergency home repair need is eligible.

Next, participants were asked to describe an eligible project. Descriptions included small repairs dealing with water emergencies, heating emergencies, and septic emergencies. Participants also indicated that the homeowner must have no other means of completing the repair.

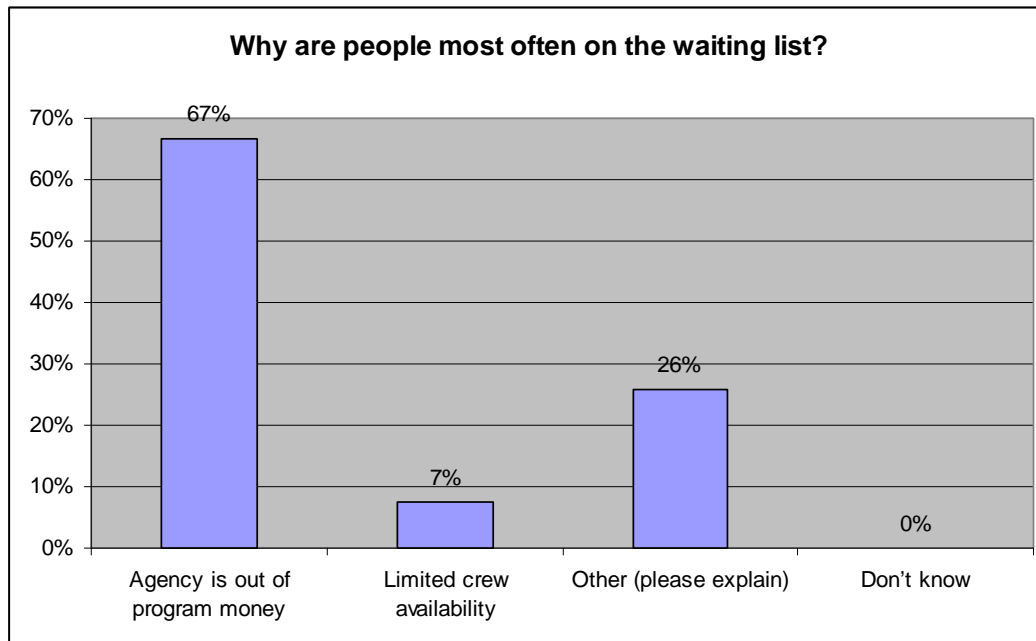
Nearly half (45 percent) of participants indicated that most find out about their agency's EHR program by way of referrals. Another 26 percent said word of mouth was the most common method of discovery. A significant amount (26 percent) of participants indicated clients typically find out through other ways.



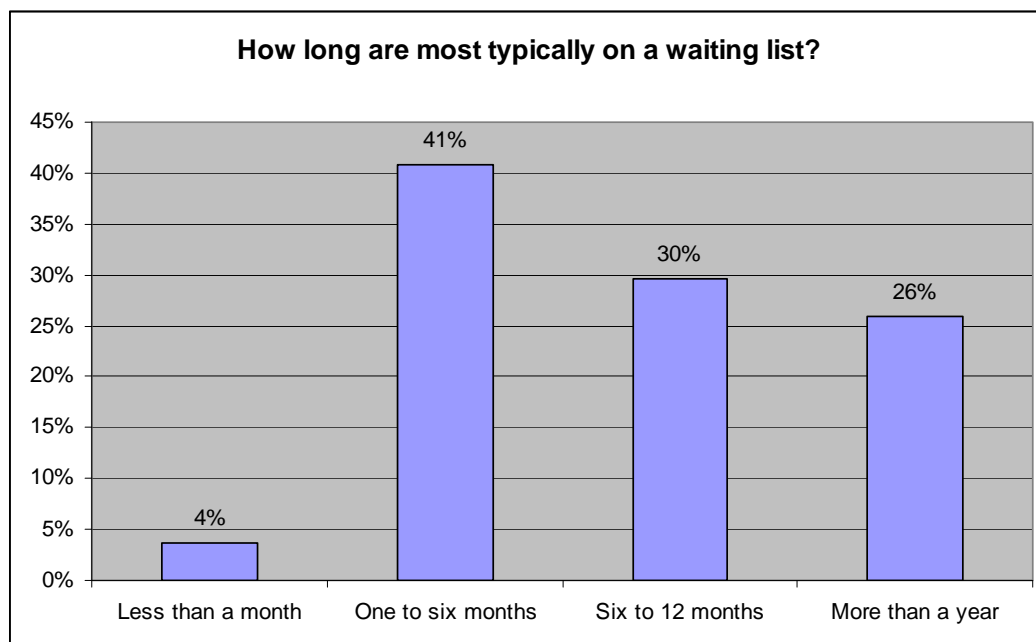
All but one (96 percent) of the 27 participants indicated that their agency utilizes a waiting list for their EHR program.



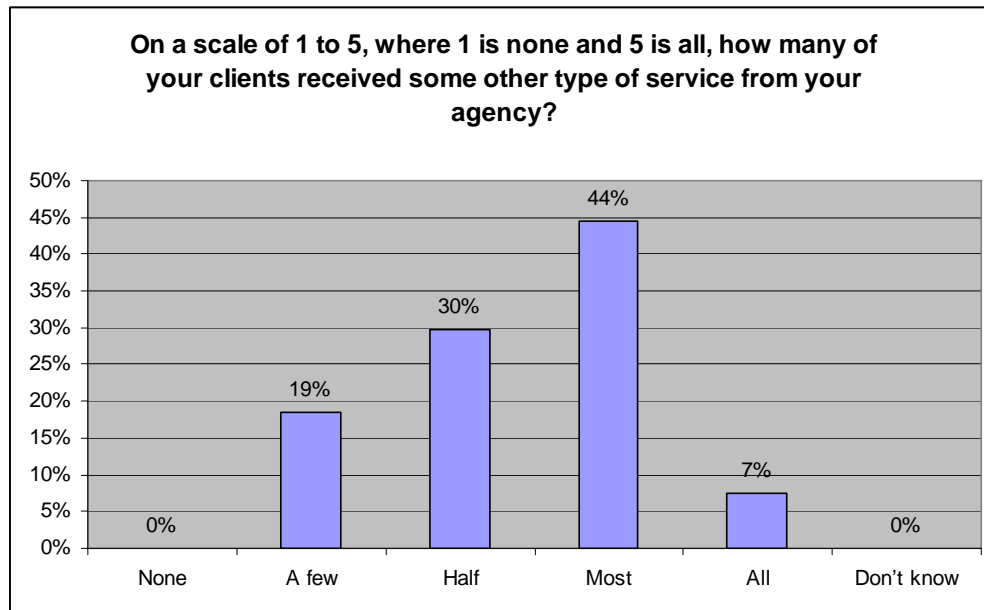
Most participants (67 percent) indicated people were most often placed on a waiting list due to their agency being out of program money. One participant indicating “other” stated that a limited amount of contractors and difficulty securing match funding were primary reasons for clients being wait-listed.



A significant amount (26 percent) of participants indicated that their clients were typically on a waiting list for more than a year.

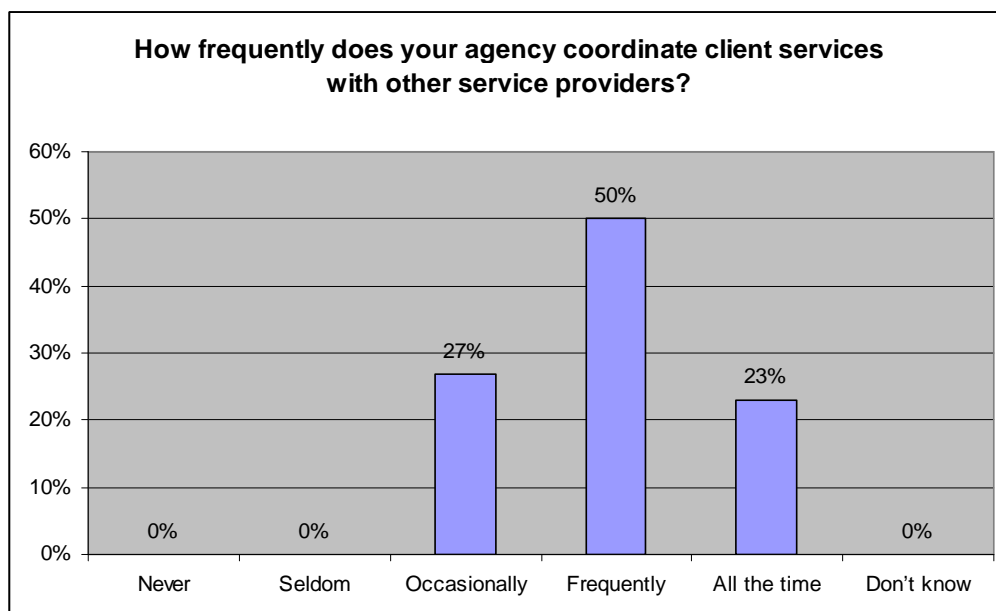


Most participants (74 percent) indicated that half or most of their clients who received EHR assistance also received another service from their agency.



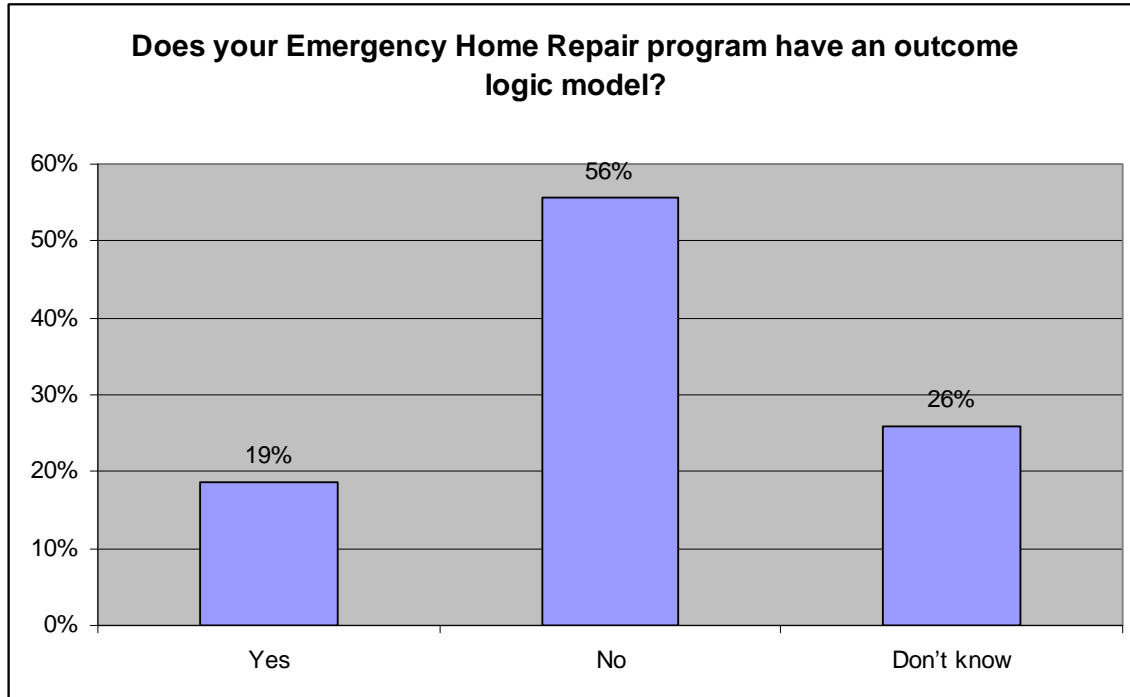
Participants listed several types of financial assistance and other programs when asked what other types of services clients typically receive from their agency. Some of the services listed include accessibility modifications, housing counseling, Section 8 rental assistance, Family self-sufficiency, Indoor Plumbing Program, case management, and assistance with electrical and water bills/fees.

Most participants (73 percent) indicated frequently (or all the time) coordinating client services with other service providers.



Participants indicated coordinating with an array of organizations, including social services organizations, non-profits, volunteer organizations, churches, home health agencies, transportation providers, and local redevelopment and housing authorities.

Most (82 percent of participants) indicated their agency's Emergency Home Repair program either does not have an outcome logic model or they don't know. Nineteen percent responded that their program utilizes an outcome logic model.



Participants were asked to discuss training needs that would help improve overall management of the program. Responses included addressing the need for information on other funding options for home repairs and renovations.

Participants were asked for feedback on possible changes:

- Staffing changes
- Possible RFP process
- Outcome logic model requirement
- Electronic reporting of quarterly activity

Overall, participants welcomed the potential for electronic reporting but were less eager to embrace a potential outcome logic model requirement.

Service providers of the Emergency Home Repair program evaluated DHCD favorably in most areas of program operation. They rated the agency low, however, in regards to how well they understand how DHCD makes funding decisions.

DHCD Performance Measures <i>As of July 1, 2007</i>	
<i>How strongly do you agree or disagree with the following statements?</i>	<i>Favorable Ratings "4" or "5"</i>
The Department of Housing and Community Development (DHCD) provides great customer services.	77%
DHCD provides us the information we need to run our program.	80%
DHCD provides us the information we need in a timely manner.	81%
DHCD staff promptly returns emails and/or phone calls.	81%
The DHCD funding processes are fair.	52%
I understand how DHCD makes funding decisions.	28%
DHCD is focused on results.	86%

Considerations

Based on the Emergency Home Repair program input session results, DHCD should consider the following items:

- Consider developing a strategy to improve overall performance measure indicators for the program
- Review distribution of funds to assure that assistance is provided in areas of greatest need and modify the distribution methodology as needed
- Consider program modifications toward a more outcome-based focus
- Consider a competitive application process

Open-Ended Responses

This includes open-ended responses from the Emergency Home Repair Program input session and from each survey completed online.

What best describes why you don't serve these households (other – response)?

Too large of a rehab needed.

Client can't come up with matching funds.

Please tell us about your barriers to serving eligible clients/projects through this program.

Clients who are in need of more than just a small emergency repair. They have indoor plumbing, so they don't qualify for that program either.

Rising costs of repairs and match funds, not labor, hinder or limit repairs needed.

The main barrier would be the total cost of the job exceeding the \$5,000 limit.

Insufficient funding, or the type of repairs needed do not meet the criteria for EHRP, or the cost of the project exceeds

Small amount of funding received and clients lack of matching funds. Sometimes the work to be done is too extensive for the funds available.

Please describe an eligible household.

A household who meets the income requirements and needs a small emergency repair. They have no other means of getting the repair made and it is a danger to their living situation.

Home owners at or below 50% of area median income.

An eligible household for our local rehab funds to match with EHRP must be within the 50% very low income guidelines to qualify and has to be owner occupied with total gross income of all household members.

One that meets the criteria in the EHRP guidelines, including income and type of home repair(s) that's needed.

The majority of our eligible households are elderly homeowners needing repairs to make their home livable.

Please describe an eligible project.

Water emergency, heating emergency, septic emergency.

A small emergency repair which costs less than \$2,500 AND we can provide a local match to the state funds. The project must be an emergency and the homeowner has no other means of getting the work done.

Emergency repairs to home i.e. floor, roof, heating, plumbing, accessibility, doors, windows, etc.

One of our eligible projects was constructing a wheelchair ramp for an elderly/disabled single lady with an income of \$12,412. Total cost of job was \$4,460.

House is in need of plumbing repairs in the bathroom, including replacing of flooring that has become water damaged.

We are able to help with a portion of the cost of replacing/repairing a roof. Most of our clients live in old houses and it seems that when the rains come, these roofs all start to leak.

Why are people most often on the waiting list (other – response)?

Limited contractors and extra funding for match.

What other types of services do your clients typically receive from your agency?

Weatherization.

Accessibility modifications.

Housing counseling, Emergency assistance.

Section 8 Rental Assistance; Family Self Sufficiency; Individual Development Accounts; Information & Referrals; Indoor Plumbing Program; Assist with water & sewer connection fees & installation of water & sewer lines.

Case management, transportation assistance, in-home care.

Assistance with electrical and water bills, clothing, food, and in the case of younger families the children attend our Head Start Program and the parents are referred by HS staff.

What types of service providers do you coordinate with the most frequently?

Social services organizations.

Additional funding applied to match.

Social Services; Non-profit organizations; volunteer organizations; weatherization program & churches.

Home health agencies, transportation providers, other providers of housing and home repairs.

District III for Senior citizens, local churches and Crossroads, a faith-based program that coordinates missions volunteers to do home repairs, and the local redevelopment and housing authority.

Please discuss any training needs that your program has that would help improve overall management of the Emergency Home Repair program.

Information about other funding options for home repairs and renovations.

Any suggestions or comments? (About anything program- or organizational-related).

Of course we can always use more funding. Also, a program to help with larger rehabs.

I would like to suggest that our agency get more funding from EHRP Program.

Please give us your feedback on these possible [program] changes. (Possible changes include staffing changes, possible RFP process, outcome logic model requirement, and electronic reporting of quarterly activity).

Electronic reporting would be much easier I think.

Overall program RFP would be OK but not on a job by job basis. Outcome logic model (like HUD's) would be over kill for the small amount of funds to individual agencies, however DHCD may want to complete one with the information provided by the agencies quarterly or fiscal yearly.

No suggestions at this time.

We're in favor of electronic reporting.